Data Item	Valid Codes	Special Instructions
Contractor Number Entry Format: XXX##a	Code assigned by MHSA See Contractor list XXX = RPC or BGC ## = 01 thru 99 (Assigned by DBH) a = Branch Office	Number Assigned by DBH as Contractor.
Staff Name Entry Format: Text Planned or Actual (completed) Activity Entry Format: #	Name of Staff Member 0=Actual (Completed) - default 1=Planned	Enter name of staff member responsible for the activity. If clerical staff are used for data entry, they should enter the name of the staff who was responsible for the activity.
Activity Description Entry Format: Text	Text	For activities other than curriculum modules, please give additional information (not already included in other fields) explaining the activity or its purpose. Do NOT use acronyms.
GPOA Entry Format: X.X.X.X.a	0.0.0.0.0 - default Each place contains ONE character ONLY. Any digit greater than 9 should be substituted with A for 10, B for 11, C for 12 etc. X = Number 0 thru 9 or Capital Letter A thru Z a = Lower case character used to make each GPOA unique (Planned Activities)	GPOA is an abreviation for Goal, Project, Objective, Activity. This field provides a mechanism for marking database entries with a numerical identifier. It may be used for a variety of purposes. Originally, it was designed to link planned activities with completed activities. Users may assign any mark up of their choice or enter 0.0.0.0.0 if Not Applicable.
Service Type Code Entry Format: STX###	See Service Type Code list X stands for one of the following Strategies: N - Information Dissemination E - Educational A - Alternative V - Environmental C - Community-Based Process	Code associated with the Service Type for the activity.

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Start Date	Must be a valid date	The service delivery date, unless delivery occurred on more than one day, in which
Entry Format: MM/DD/YYYY	Widst be a varie date	case: the first date of service delivery.
End Date	Must be a valid date	Date the activity was complete. Must be equal to or greater than StartDate.
Entry Format: MM/DD/YYYY	Widst be a varie date	
		Refers back to the Service Type: How many of these services, events or activities are
Service Count	Numeric Value	being reported in this record? For multi-session services, this is the number of
Entry Format: ####	Numeric value	complete deliveries of the program, NOT the number of sessions. Please refer to the
		Service Type list for special instructions on how to count services.
		The UNDUPLICATED amount of real time or "Clock Hours" to complete the activity.
Total Duration Hours per	full and quarter hours	Does not include prep, follow-up, or travel. For example, for a curriculum delivery,
Service	0.0 - default	this is the total number of hours of instruction, not including breaks, NOT the Duration
Entry Format: ###.##	0.0 - default	of each individual Session in a multi-session service (See session definition).
		One and one quarter hours would be recorded as 1.25.
		The number of different DAYS on which the group met or service (e.g.
		consultation/TA) occurred.
		Sessions are applicable for a single activity that involves more than one session
Number of Sessions per	Numeric Value	provided to a fixed group of people. Examples include the delivery of a structured curriculum (e.g. Lifeskills or Project Alert), alternative activities such as tutoring
Service	0 - default	
Entry Format: ####	o default	programs and special classes, and support groups. Sessions would also be reported for
		a series of consultation/TA events provided to a fixed group and resulting in one
		outcome.
		The Service Type Code list indicates whether Sessions are applicable to that Service.

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Program Name Code Entry Format: PM###	See Program Name list	Enter the Code for the program/intervention this activity is related to. Please Note: For many of the programs there is more than one entry on the Program Name list. These multiple entries are organized as follows: 1. The first Program Name code ends with a zero. This code should be used for reporting marketing, consultation/TA, training of trainers or other activities provided in support of the program. This code should also be used for curriculum deliveries under the following circumstances: a) You have documentation that a curriculum delivery occurred, but no documentation of the number of Sessions and/or the total Duration of the delivery. (The sessions and duration fields should be marked with zeros.) b) The sessions and duration indicate that only a portion of the curriculum was delivered.
		 2. Program Name codes that end in numbers other than zero. These codes should be used for fully documented curriculum deliveries that were implemented as designed. Please select the code that describes the program as actually delivered. a) Some codes indicate a full curriculum delivery as designed for the service population [or grade level]. These codes can be used for different versions of the same program, as long as the program met the accepted standard for delivery to the population that was served.
Presenter/Executor Code Entry Format: PE##	See Presenter/Executor Code list	The group most responsible for delivery of the service, event or activity. For environmental changes - new policies or programs: the group who will be most responsible for delivery of the service, event, or activity as it is implemented. Please check the Service Type code list for instructions relevant to the Presenter-Executor.
Service Population Code Entry Format: SP##	See Service Population Code list	The most relevant listed category of persons receiving the service. For some Service Types, the Service Population may be the persons involved in, or benefiting from the service, event or activity. Please check the Service Type code list for instructions relevant to the Service Population.

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Client Entry Format: Text	Name of the ONE School, Agency, Organization, or Company that received the Service.	Identifying information that refers to the Service Population, but is more specific. Examples: If the Service Population is middle school youth, record the name of the school in the Client field. Do not enter names of individuals. Names of individuals are listed in the Recipient Field. Select *** Not Applicable *** if the group is does not have a name. For example: Entries such as "General Public", "Schools in the Region", and "Youth in Madison County" would be INCORRECT entries in the Client field. Entries such as: "Madison County Middle School", "Lee County Family Resource Center", and "Hardin County Housing Authority" would be CORRECT entries.
Recipient Entry Format: Text	Text	Identifying information that refers to the Service Population, but is more specific. Examples: If the Service Population is prevention professionals, record the name of the individuals in the Recipient field. The name of the group would be recorded in the Client field. Do NOT use acronyms.
Contractor Role Code Entry Format: CR##;	CR01; = Presenter/Executor - default CR02; = Training CR04; = Consultant/Technical Assistance CR05; = Information Dissemination CR06; = Community Mobilization/Marketing CR07; = Recipient CR08; = Funding CR99; = None If Presenter/Executor is PE11 then CR01; and NO OTHER Code If CR99; then NO OTHER CODE	Select all that apply to the role that project staff played during the event, activity or service. Codes are entered in numerical order followed by a semicolon. If CR99; then NO OTHER CODE If Presenter/Executor is PE11 then CR01; and NO OTHER CODE

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High Risk Code Entry Format: HR##;	HR01; = Persons with Disabilities HR02; = People Using Substances HR03; = Persons with Mental Health Problems HR04; = Economically Disadvantaged Youth/Adults HR05; = Adults in the Criminal Justice/Corrections System HR06; = Delinquent or Violent Youth HR07; = Homeless or Runaway Youth HR08; = School Dropouts HR09; = Children of Substance Abusers HR10; = Physically/Emotionally Abused People HR99; = Not Applicable - dafault If HR99; then no other High Risk Code can be selected	Select all that apply to the role that project staff played during the event, activity or service. Codes are entered in numerical order followed by a semicolon. If HR99; then NO OTHER CODE
National/State Initiative Code Entry Format: NS##	See National/State Initiative Code list	Enter the Code for the National/State Initiative this activity is related to. If not applicable, select NS99.

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Related Project Entry Format: #	0=NA - default 1=Champions 3=EIP 4=RPC 5=SAP 6=PES 7=SPF 8=CSNaP	Select Champions, EIP, SAP, PES or SPF if the activity is funded by or considered to be directly related to these MHSA-funded programs listed. Select NA if it is 1) a service provided to these programs, or 2) an activity unrelated to these programs.
Staff Prep Time Entry Format: ###.##	full and quarter hours 0.0 - default	Number of man hours of staff time spent on this activity that were not devoted to travel or delivery of the activity/service/program. This includes ALL staff time, not just the time of the person completing the form. Staff time should be UNDUPLICATED, i.e. the same staff time should not be entered into more than one record. For example, if time is recorded in a consultation and TA record, that time should not be repeated in a record for a policy change resulting from that consultation/TA.
Staff Travel Time Entry Format: ###.##	full and quarter hours 0.0 - default	Number of staff man hours traveling to and from activity. Includes ALL staff time, not just the time of the person completing the form. Staff time should be UNDUPLICATED, i.e. the same staff time should not be entered into more than one record.
Staff Delivery Time Entry Format: ###.##	full and quarter hours 0.0 - default	Number of man hours in actual completion of the service/activity. Includes ALL staff time, not just the time of the person completing the form. Staff time should be UNDUPLICATED, i.e. the same staff time should not be entered into more than one record. This includes time in receipt of training, etc. if Contractor Role is CR07.
Total Participants/Expected Number of participants (for Planned Activities). If Planned Activity record, Expected # of Participants Entry Format: ####################################	Numeric Value 0 - default	The total number of the Recipients who received the service/activity. For PLANNED Activities, the estimated number of the Recipients who will receive the service or activity. WHEN REPORTING FULL CURRICULUM DELIVERIES: the number of people who completed 100% of the course, or a full delivery as defined by the course developer. For structured curricula, the curriculum developer should define the number of hours or sessions necessary for completion.
Gender	Numeric Value	Please enter the actual or estimated number of participants in each gender category. Note: The sum of males and females MUST equal the number of Participants
Age Groups	Numeric Value	Please enter the actual or estimated number of participants in each age category. Note: The sum of all age categories MUST equal the number of Participants.

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Ethnic Background	Numeric Value	Please enter the actual or estimated number of participants in each ethnic category. Note: The sum of all ethnic categories MUST equal the number of Participants.
Demographics Estimated	0 = No - default 1 = Yes	Check if any part of the demographic data is an estimate. If you are sure the demographic data is accurate, leave this box unchecked.
Entry Format: # Counties Served	0 = Not Selected 1 = Selected	Select all counties of origin of the participants or the county to receive the benefit from the event, activity or service.
Steps Entry Format: X.X.X.X	0.0.0.0.0 - default Each place contains ONE character ONLY. Any digit greater than 9 should be substituted with A for 10, B for 11, C for 12 etc. X = Number 0 thru 9 or Capital Letter A thru Z	Indicate the SPF step(s) the activity should be associated with by putting a non-zero character in the appropriate segment (1 st segment for Step 1, 2 nd segment for Step2, etc.). Users may assign any mark up of their choice or enter 0.0.0.0 if Not Applicable. Example: 1.0.0.0 would indicate association with Step 1, 0.2.0.4.0 would indicate this activity is associated with Step 2 and Step 4.
Provider Entry Format: Text	Name of the ONE School, Agency, Organization, or Company that is represented by the PE Code.	Identifying information that refers to the Presenter-Executor, but is more specific. Examples: If the Presenter-Executor is Champions Group, record the name of the group in the Provider field. Do not enter names of individuals. Names of individuals are listed in the Recipient Field. Select *** Not Applicable *** if the group is does not have a name. For example: Entries such as "General Public", "Schools in the Region", and "Youth in Madison County" would be INCORRECT entries in the Client field. Entries such as: "Madison County Champions", "Lee County KY-ASAP Local Board", and "Hardin County Housing Authority" would be CORRECT entries.

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Target Audience	TA00 = Select a Target (default) TA01 = Universal TA02 = Selective TA03 = Indicated TA04 = Universal Indirect TA99 = Not Applicable	Universal - Universal prevention strategies address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. For example, it would include the general population and subgroups such as pregnant women, children, adolescents, and the elderly. The mission of universal prevention is to deter the onest of substance abuse by providing all individuals the information and skills necessary to prevent the problem. All members of the population share the same general risk for substance abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programs. Selective - Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment—for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse (IOM 1994), and targeted subgroups may be defined by age, gender, family history, place of residence such as high drug-use or low-income neighborhoods, and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may not be at personal risk for substance abuse, while another person in the same subgroup may be abusing substances. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or ide

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		Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual, such as conduct disorders, and alienation from parents, school, and positive peer groups. Less emphasis is placed on assessing or addressing environmental influences, such as community values. The aim of indicated prevention programs is not only the reduction in first-time substance abuse, but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse. Individuals can be referred to indicated prevention programs by parents, teachers, school counselors, school nurses, youth workers, friends, or the courts. Young people may volunteer to participate in indicated prevention programs.
User Defined Fields 1 thru 4	Text	You may use these 4 fields for any additional explanation of the activity or notes, etc. These fields will not be used for searching or record selection. Each field may contain up to 255 characters.
Total Cost of Activity Format: #####.##	Numeric Value	Cost of activity including Staff Time, supplies and overhead
Behaviors	Text	A=Alcohol, T= Tobacco, MJ,= Marijuana, M=Methamphetamine, I=Inhalants, P=Prescription Drugs, O=Other Drugs, V= Violence, S=Suicide, D=Depression, MEB=Other Mental, Emotional or Behavioral Disorder